

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/					51						
3		2					52						
4		2					53						
5		2					54						
6		7					55						
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46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	2						100						
TOTAL DEP.	17						TOTAL IND.						
TOTAL CLAIMS	19						TOTAL DEP.						
							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS